

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 11/08/2018 @ 11:24:54 AM

Local Governing Body Report

**LICENSE**

Number:	Type:	010 BEER AND WINE STORE
Name:	9 ACRE TRAVEL COMPLEX	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	2500 W BUSINESS I 10 SAN SIMON, AZ 85632 USA	
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA	
Phone:	(602)200-7222	
Alt. Phone:	(520)560-1010	
Email:	ANDREA@LEWKLAW.COM	

**AGENT**

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

**OWNER**

Name: SAL AZ PROPERTIES LLC  
Contact Name: ANDREA DAHLMAN LEWKOWITZ  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: L19877426 State of Incorporation: AZ  
Incorporation Date: 03/03/2015  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: (602)200-7222  
Alt. Phone:  
Email: ANDREA@LEWKLAW.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
JUNAIB AHMED RIZVI	MEMBER	100.00

**SAL AZ PROPERTIES LLC - MEMBER**

Name: JUNAIB AHMED RIZVI  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: (520)845-2500  
Alt. Phone: (503)484-3161  
Email: JARIZVI@HOTMAIL.COM

## APPLICATION INFORMATION

Application Number: 37789  
Application Type: New Application  
Created Date: 11/08/2018

## QUESTIONS & ANSWERS

### 010 Beer and Wine Store

- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01. Would you like to apply for an Interim Permit?  
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.  
Yes
- 2) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.  
Yes
- 3) Please provide name, address, and Distance of nearest school.  
SAN SIMON SCHOOL (K-12) 2226I-10BL SAN SIMON, AZ 85632 1.3 MILES
- 4) Please provide name, address, and distance of nearest church.  
BOWIE FIRST BAPTIST CHURCH 412 S CENTRAL AVE BOWIE, AZ 85605 14 MILES
- 5) Are you a tenant? (A person who holds the lease of a property; a lessee)  
No
- 6) Is there a penalty if lease is not fulfilled?  
No
- 7) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)  
No
- 8) Are you the owner?  
Yes
- 9) Are you a purchaser?  
No
- 10) Are you a management company?  
No
- 11) Is the Business located within the incorporated limits of the city or town of which it is located?  
No  
If no, in what City, Town, County or Tribal/Indian Community is this business located?  
COCHISE COUNTY
- 12) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
\$2.3 MILLION
- 13) Have you provided a diagram of your premises?  
Yes
- 14) Is there a drive through window on the premises?  
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
NONE
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

IP

State of Arizona  
Department of Liquor Licenses and Control

Created 11/08/2018 @ 11:45:44 AM  
Local Governing Body Report

**LICENSE**

Number:	INP020003686	Type:	INP INTERIM PERMIT
Name:	9 ACRE TRAVEL COMPLEX		
State:	Active		
Issue Date:	11/08/2018	Expiration Date:	02/21/2019
Original Issue Date:	11/08/2018		
Location:	2500 W BUSINESS I 10 SAN SIMON, AZ 85632 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(602)200-7222		
Alt. Phone:	(520)560-1010		
Email:	ANDREA@LEWKLAW.COM		

**AGENT**

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

**OWNER**

Name: SAL AZ PROPERTIES LLC  
Contact Name: ANDREA DAHLMAN LEWKOWITZ  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: L19877426 State of Incorporation: AZ  
Incorporation Date: 03/03/2015  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: (602)200-7222  
Alt. Phone:  
Email: ANDREA@LEWKLAW.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
JUNAIB AHMED RIZVI	MEMBER	100.00

**SAL AZ PROPERTIES LLC - MEMBER**

Name: JUNAIB AHMED RIZVI  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: (520)845-2500  
Alt. Phone: (503)484-3161  
Email: JARIZVI@HOTMAIL.COM

**APPLICATION INFORMATION**

Application Number: 37792  
Application Type: New Application  
Created Date: 11/08/2018

**QUESTIONS & ANSWERS**

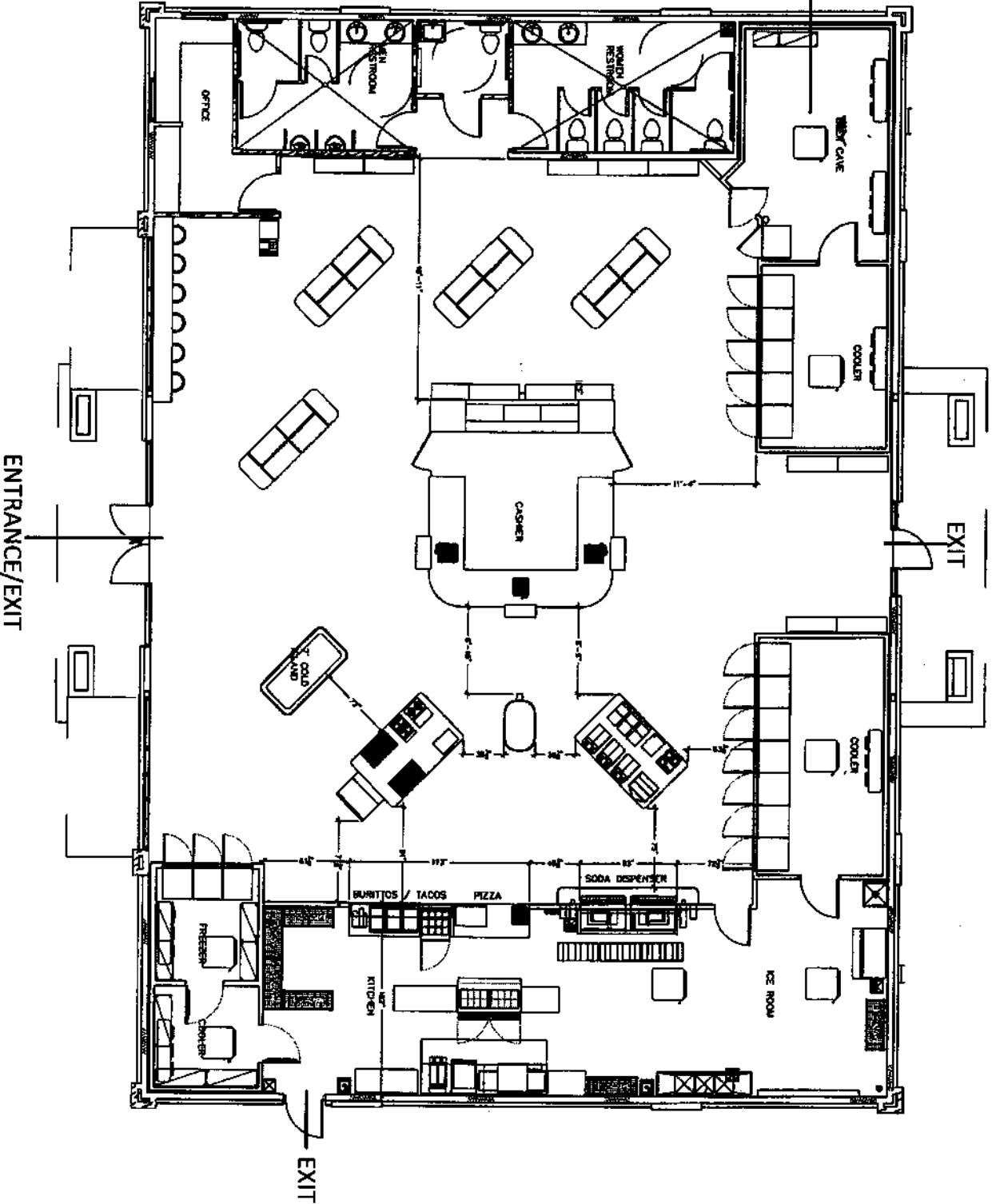
**INP Interim Permit**

- 1) Enter License Number currently at location  
10023175
- 2) Is the license currently in use?  
Yes
- 3) Please submit section 5, page 6, of the license application when you reach the upload page.  
Yes

9 ACRE TRAVEL COMPLEX  
2500 W BUSINESS I-10  
SAN SIMON, AZ 85632

5000 SF

LIQUOR STORAGE



ENTRANCE/EXIT

EXIT

EXIT



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5<sup>th</sup> Floor  
 Phoenix, AZ 85007-2934  
 www.azliquor.gov  
 (602) 542-5141

**QUESTIONNAIRE**  
 A.R.S. §4-202, 4-210  
 Type or Print with **Black Ink**

*Fp current 10/13/17*

**The fees allowed by R19-1-102 will be charged for all dishonored checks.**

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

**QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.**

Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box →

<input type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent
<input type="checkbox"/> Premises Manager (complete all questions except #12)	

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: \_\_\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: ARIZONA

4. Place of birth: MANKATO MN USA Height: 5' 8" Weight: 140 Eyes: HZL Hair: BLN  
City State COUNTRY (not county)

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: \_\_\_\_\_  
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: 04/1961

7. Daytime telephone number: (602) 200-7222 E-mail address: andrea@lewklaw.com

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 560 / 1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON AZ COCHISE 85632  
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2004	CURRENT	ATTORNEY	LEWKOWITZ LAW OFFICE PLC 2600 N CENTRAL DR, STE. 1775 PHOENIX, AZ 85004

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
02/1999	CURRENT	5745 N 25th STREET, PHOENIX, AZ 85016

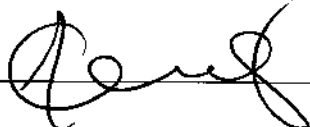
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, then answer #13 below. If NO, skip to #14.  Yes  No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210  Yes  No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?  Yes  No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

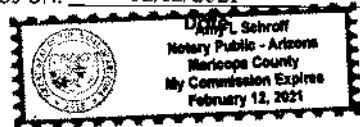
**NOTARY**


I (Print Full Name) ANDREA DAHLMAN LEWKOWITZ hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this 18 Day of OCTOBER, 2018

My Commission Expires on: 02/12/2021 Day Month Year



  
 Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



2600 North Central Avenue  
Suite 1775  
Phoenix, Arizona 85004  
☎ 602.200.7222  
📠 602.200.7234  
[www.lewkowitzlaw.com](http://www.lewkowitzlaw.com)

Andrea D. Lewkowitz  
H.J. Lewkowitz

October 18, 2018

Jennifer Benson, Licensing Manager  
Department of Liquor Licensing & Control  
800 West Washington Street, 5th Floor  
Phoenix, Arizona 85007

Re: Alien Status Form and Passport

Dear Ms. Benson:

My completed Alien Status form and a copy of my passport are on file at the Arizona Department of Liquor Licenses and Control.

If you require more information from me, please call. Thank you!

Sincerely,

Andrea D. Lewkowitz

ADL/als



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5<sup>th</sup> Floor  
 Phoenix, AZ 85007-2934  
 www.azliquor.gov  
 (602) 542-5141

**QUESTIONNAIRE**  
 A.R.S. §4-202, 4-210  
 Type or Print with Black Ink

*FP current 3/10/18*

*FP: 3/10/2018*

**The fees allowed by R19-1-102 will be charged for all dishonored checks.**

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

**QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.**

Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	--------------------------------	--

2. Name: RIZVI JUNAIB AHMED Birth Date: \_\_\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: AZ

4. Place of birth: KARACHI PAKISTAN Height: 5' 3' Weight: 165 Eyes: BLK Hair: BLK  
City State COUNTRY (not county)

5. Name of current/most recent spouse: JUNAIB SHAZIA TABASSUM Birth Date: \_\_\_\_\_  
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: 1/2015

7. Daytime telephone number: (503) 484-3161 E-mail address: jarizi@hotmail.com

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 845 / 2500

9. Business Location Address: 2500 W BUSINESS I 10 SAN SIMON AZ COCHISE 85632  
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
03/2016	CURRENT	OWNER	SAL MARKETS, LLC, 1201 E MISSOURI AVE, PHOENIX, AZ 85014
08/2015	CURRENT	OWNER	SAL RESTAURANT LLC, 3550 E BELL RD, PHOENIX, AZ 85032
08/2014	08/2017	OWNER / FUEL STATION	SAL CORP, 1544 NE FAIRGROUDS RD BREMERTON, WA 98311
03/2010	04/2016	OWNER / FUEL STATION	GLOBAL BUSINESS MANAGEMENT 4, LLC 9525 14th AVE S., SEATTLE, WA 98108

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/2016	CURRENT	1817 E GWEN ST, PHOENIX, AZ 85042
08/2015	05/2016	6261 W CORONA DR, CHANDLER, AZ 85226
04/2012	08/2015	9709 S 203rd ST, KEN, WA 98031

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, then answer #13 below. If NO, skip to #14.  Yes  No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210  Yes  No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?  Yes  No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.**

**CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

**NOTARY**

I (Print Full Name) JUNAIB AHMED RIZVI hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Handwritten Signature]

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

My Commission Expires on: 02/12/2021

18<sup>th</sup> Day of October, 2018  
Day Month Year



[Handwritten Signature]  
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

18 NOV 8 Liqu. Lic. AM1153

Certificate #336299

**COPY**

Certificate of Completion  
For

Title 4 BASIC Liquor Law Training

max stakes  
WB # 12193

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed on the back of this Certificate. Licensees sometimes require BASIC Title 4 training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be evaluated through the training provider for two years after the training completion date.

**Student Information**

Junab Rizvi

(Full Name (please print))

*[Signature]*

Signature

05-04-2018

Training Completion Date

05-03-2021

Expiration Date

**Training Provider Information**

Professional Servers Corporation (PSCC)

Company Name

P.O. Box 182, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, Instructor Name (please print), certify that the above named individual did successfully complete Title 4 BASIC training in accordance with A.R.S. 54-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103 using training course content and materials approved by the Arizona Department of Liquor License and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

*[Signature]*

Instructor Signature

04 / 05 / 2018

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below  
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- |                                  |                                  |                          |                                      |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5)            | Bar (series 6)           | Beer & Wine Bar (series 7)           |
| Conveyance (series 8)            | Liquor Store (series 9)          | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12)           | In-state Farm Winery (series 13) |                          | Beer & Wine Store (series 10)        |

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

18 MAY 7 Liqu. Lic. PM 3 09

MAX STOKES  
DOB #12493

Certificate # 336299

**COPY**

**Certificate of Completion  
For**


**Title 4 MANAGEMENT Liquor Law Training**

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.  
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.  
A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

**Student Information**

Junaid Rizvi

Full Name (please print)



05-04-2018

Training Completion Date

05-03-2021

Certificate Expiration Date  
(three years from completion date)

**Training Provider Information**

**Professional Server Certification Corporation (PSCC)**

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete

Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).



Instructor Signature

04 / 05 / 2018

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below  
2) licensee, agent(s) and manager(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)  
Conveyance (series 6)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 8)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

18 NOV 7 Lic. Lic. #1153

# BWASTR

## License 10023175

Issue Date: 6/7/2018

Issued To:

MORRIS DUANE MENNENGA, Agent  
9 ACRE TRAVEL COMPLEX LLC, Owner

Location:

9 ACRE TRAVEL COMPLEX  
2500 W BUSINESS I 10  
SAN SIMON, AZ 85632  
USA

Expiration Date: 6/30/2019



Mailing Address:

MORRIS DUANE MENNENGA  
9 ACRE TRAVEL COMPLEX LLC  
9 ACRE TRAVEL COMPLEX  
PO BOX 14769  
SAN SIMON, AZ 85632  
USA

# EXP 6/30/2019

Save Review New Reports Remember

New Application

New Application #37789 (In Review)
License: - 9 ACRE TRAVEL COMPLEX (SAL AZ PROPERTIES LLC)

Created: Nov 8, 2018 Completed: mm d, yyy

Created By: Selena Gonzales

Details Processes Questions Fees & Payments Case Notes Documents

Application Received: Nov 8, 2018
Region: 02 - Cochise
Request Lottery License: Yes No (none)

Default Assignments

Reviewer 1: Selena Gonzales
Reviewer 2: Jennifer Benson
Approver: Cynthia Abrigo

Related Information

- License (pending) - 030 Beer and Wine Store
9 ACRE TRAVEL COMPLEX (SAL AZ PROPERTIES LLC)
License (Legal Entity)
SAL AZ PROPERTIES LLC
Premises
9 ACRE TRAVEL COMPLEX (Location)

Administrative Review

Create a new...

- Application Case

archived

IP

Save Retrieve New Reports Remember

New Application

New Application #37792 (Distribute)  
License: INP020003686 - 9 ACRE TRAVEL COMPLEX (SAL AZ PROPERTIES LLC)

Created: Nov 8, 2018 Completed: mm/dd/yyyy  
Created By: Selena Gonzales

Details Processes Questions Fees & Payments Case Notes Documents

Application Received: Nov 8, 2018  
Region: 02 - Cochise

Related Information

- License INP020003686 (Active) - INF Interim Permit  
9 ACRE TRAVEL COMPLEX (SAL AZ PROPERTIES LLC)
- Licensee (Legal Entity)  
SAL AZ PROPERTIES LLC  
Limited Liability Company
- Premises  
9 ACRE TRAVEL COMPLEX (Location)  
2500 N BUSINESS 110

Default Assignments

\*Reviewer 1: Selena Gonzales  
\*Reviewer 2: Selena Gonzales  
\*Approver: Selena Gonzales

Create a new...

- Application Case

Send License